

EXHIBIT A

NAILAH K. BYRD
1200 Ontario
Cleveland, OH 44113

RETURN RECEIPT REQUESTED ELECTRONICALLY



Case# CV22965864

9314 8001 1300 3546 8569 66



CARESOURCE
3366 RIVERSIDE DRIVE STE 103
UPPER ARLINGTON OH 43221

THE COURT OF COMMON PLEAS, CIVIL DIVISION
CUYAHOGA COUNTY, OHIO

Clerk of Courts | The Justice Center | 1200 Ontario Street 1st Floor, Cleveland, Ohio 44113

MITCHELL FRANKEL

Plaintiff

v.

CARESOURCE, ET AL.

Defendant

CASE NO. CV22965864

JUDGE MAUREEN CLANCY

SUMMONS

SUMC CM

Notice ID: 48023097



From: MITCHELL FRANKEL
25300 CEDAR ROAD
BEACHWOOD OH 44122

P1

Atty.: BRIAN S KRAIG
815 SUPERIOR AVENUE EAST
SUITE 1920
CLEVELAND, OH 44114

To: CARESOURCE
3366 RIVERSIDE DRIVE STE 103
UPPER ARLINGTON OH 43221

D1

NOTICE TO THE DEFENDANT:

The Plaintiff has filed a lawsuit against you in this Court. You are named as a defendant. A copy of the **Complaint** is attached.

If you wish to respond to the Complaint, you must deliver a written **Answer** to the Plaintiff's attorney (or the Plaintiff if not represented by an attorney) at the above address *within 28 days* after receiving this Summons (not counting the day you received it). A letter or a phone call will not protect you. Civil Rule 5 explains the ways that you may deliver the **Answer** (<http://www.supremecourt.ohio.gov/LegalResources/Rules/civil/CivilProcedure.pdf>)

You must also file a copy of your **Answer** with this Court within 3 days *after* you serve it on the Plaintiff. You can file your **Answer** with the Clerk of Courts by one of the following methods: 1) In-person or by mail at the above address or 2) electronically through the online e-Filing system. For more information on using the e-Filing system, visit <http://coc.cuyahogacounty.us/en-US/efiling.aspx>.

If you fail to serve *and* file your **Answer**, you will lose valuable rights. The Court will decide the case in favor of the Plaintiff and grant the relief requested in the **Complaint** by entering a default judgment against you.

You may wish to hire an attorney to represent you. Because this is a civil lawsuit, the Court cannot appoint an attorney for you. If you need help finding a lawyer, contact a local bar association and request assistance.

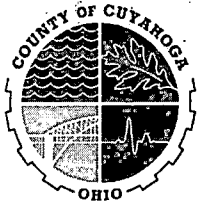


Nailah K. Byrd
Clerk of Court of Common Pleas
216-443-7950

Date Sent: 07/08/2022

By _____

Deputy



Cuyahoga County Clerk of Courts Nailah K. Byrd

Multilingual Notice:

You have been named as a defendant in this Court. You must file an answer within 28 days; if you fail to answer, the Court may enter judgment against you for the relief stated in the Complaint. Seek assistance from both an interpreter and an attorney. Your inability to understand, write, or speak English will not be a defense to possible judgment against you.

1. Spanish (US)

***Aviso multilingüe:

Este Tribunal lo ha declarado como acusado. Debe presentar una respuesta en un plazo de 28 días. Si no contesta en dicho plazo, el Tribunal podrá dictar sentencia en su contra por el amparo que se detalla en la demanda. Solicite la ayuda de un intérprete y de un abogado. Su incapacidad para comprender, escribir o hablar inglés no se considerará como defensa ante una posible sentencia en su contra.

2. Somali

***Ogeysiis luqadda badan ah:

Waxaa lagu magacaabay sida eedeysane gudaha Maxkamadan. Waa in aad ku soo gudbisaa jawaab 28 maalmood gudahood; haddii aad ku guuldareysto jawaabta, Maxkamada laga yaabo in ay gasho xukun adiga kaa soo horjeedo ee ka nasashada lagu sheegay Cabashada. Raadi caawinta ka timid labadaba turjubaanka iyo qareenka. Karti la'aantaada aad ku fahmo, ku qoro, ama ku hadasho Af Ingiriisiga ma noqon doonto difaacida xukunkaaga suuralka ah ee adiga kugu lidka ah.

3. Russian

***Уведомление на разных языках:

Вы были названы в качестве ответчика в данном суде. Вы должны предоставить ответ в течение 28 дней; если Ваш ответ не будет получен, суд может вынести решение против Вас и удовлетворить содержащиеся в жалобе требования. Воспользуйтесь услугами переводчика и адвоката. Тот факт, что Вы не понимаете английскую речь и не можете читать и писать по-английски, не является препятствием для возможного вынесения судебного решения против Вас.

4. Arabic

***ملاحظة متعددة اللغات:

لقد تم اعتبارك مدعى عليه في هذه المحكمة. يجب أن تقدم ردا خلال 28 يوما؛ وإذا لم تقم بالرد، فقد تصدر المحكمة حكما ضحك بالتعويض المنصوص عليه في هذه الشكوى القضائية. اطلب المساعدة من مترجم فوري ومحام. فلن تعد عدم قدرتك على فهم اللغة الإنجليزية أو كتابتها أو تحدثها دفاعا لك أمام الحكم المحتمل ضحك.

5. Chinese (Simplified)

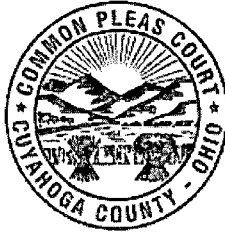
***多語版本通知:

您在本法庭已被列为被告。您必须于 28

日内递交答辩状；如果没有递交答辩状，法庭会针对诉状中声明的补救措施对您作出不利判决。请向口译人员和律师寻求帮助。您无法理解、书写或说英语的情况不能作为对您可能作出不利判决的辩护理由。

Justice Center, 1st Floor • 1200 Ontario Street • Cleveland, Ohio 44113-1664 • 216.443.7950

Ohio Relay Service 711 • Website: coc.cuyahogacounty.us



NAILAH K. BYRD
CUYAHOGA COUNTY CLERK OF COURTS
1200 Ontario Street
Cleveland, Ohio 44113

Court of Common Pleas

New Case Electronically Filed: COMPLAINT
July 8, 2022 15:35

By: BRIAN S. KRAIG 0039691

Confirmation Nbr. 2596755

MITCHELL FRANKEL

CV 22 965864

vs.

CARESOURCE, ET AL.

Judge: MAUREEN CLANCY

Pages Filed: 3

IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

MITCHELL FRANKEL
25300 Cedar Road
Beachwood, Ohio 44122

Plaintiff,

-vs-

CARESOURCE
3366 Riverside Drive, Suite 103
Upper Arlington, Ohio 43221

and

JOHN DOE INDIVIDUALS 1-5
(names and addresses unknown)

JOHN DOE INC. 1-5
(names and addresses unknown)

Defendants.

CASE NO.:

JUDGE:

COMPLAINT

(Jury Demand Endorsed Hereon)

1. Plaintiff Mitchell Frankel is a licensed financial advisor with a home office in Beachwood, Ohio.
2. When used herein, the term "Defendants" shall refer to the named Defendant and John Doe and/or John Doe, Inc., whose names and addresses have yet to be discovered despite due diligence to ascertain the same.
3. On or before July 8th, 2020, Defendants began sending unsolicited faxes to the home office of Plaintiff. These faxes came from CareSource and were related to billing and medical treatments of patients using CareSource as their health insurance provider.
4. The calls would come frequently to Plaintiff's fax number and often would ring non-stop and repeatedly until Plaintiff accepted the fax and it printed.

5. On or before July 8, 2022, Plaintiff contacted CareSource multiple times to advise them they were faxing patient information to Plaintiff's phone number and that it was affecting his ability to work, and it was telephone harassment and asked them to cease and desist further contact.

6. On July 8, 2020, after being warned to stop, Defendants sent an 8-page advertisement for their services and information thereof to Plaintiff's fax line. (See Exhibit A).

7. Over the next two years Defendants continued to repeatedly send faxes containing advertisements, information and patient records to Plaintiff's fax number despite multiple efforts and attempts by Plaintiff to request that the faxes stop.

8. The faxes continue to come to Plaintiff's phone number as recently as April 29, 2022.

9. The calls and faxes to Plaintiff's fax number are in the several hundreds, with many days Plaintiff's phone ringing all day long until Plaintiff accepts the fax.

10. Defendants have violated the Telephone Consumer Protection Act, 47 U.S.C. §227 (TCPA) and Ohio Revised Code § 4931.75.

11. As a direct and proximate result of Defendant's negligence, telephone harassment, (intentional and/or negligent), invasion of privacy and unconscionable acts, Plaintiff has been caused to incur a loss of business, loss of quiet enjoyment, and has suffered extreme emotional distress.

12. Further, Plaintiff has incurred a monetary loss due to the faxes incurring the costs of the use of fax paper, ink, toner and trespass to chattels.

13. Plaintiff had no business relationship with Defendant and the faxes were unsolicited and sent without consent.

14. Plaintiff, in addition to monetary damages, seeks an injunction prohibiting further faxes being sent to his fax number.

WHEREFORE, Plaintiff, Mitchell Frankel, prays for injunctive relief and actual damage in an amount in excess of Twenty-Five Thousand Dollars (\$25,000.00), and additionally, treble damages, statutory damages, attorney fees, punitive damages and costs of this action herein.

Respectfully submitted:

/s/ *Brian Kraig*

BRIAN KRAIG, ESQ. (0039691)
OF: KRAIG & KRAIG
815 Superior Avenue, N.E.
The Superior Building, Suite 1920
Cleveland, Ohio 44114
(216) 696-4009 *Phone*
(216) 696-1835 *Facsimile*
kraigandkraig@gmail.com

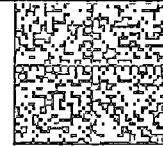
JURY DEMAND

Pursuant to Rule 38(B) of the Ohio Rules of Civil Procedure, Plaintiff hereby demands a trial by jury of the maximum number allowable by law.

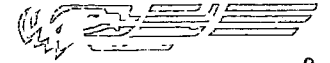
/s/ *Brian Kraig*

BRIAN KRAIG, ESQ. (0039691)
OF: KRAIG & KRAIG

CERTIFIED MAIL



US POSTAGE TM **PITNEY BOWES**



ZIP 44102 \$ 006.81⁰
02 4W
0000367348 JUL 11 2022



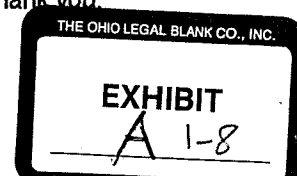
FAX

CareSource.com

To:	provider	Fax:	2163820677		
Company:		Date:	7/8/20	Time:	10:09:04 PM
From:	Tina Cox	Fax #:			
Company:	CareSource	Pages:	8		
Subject:	FW: *\$ecure* 2020 Provider Incentives				

Message
Details:

Confidentiality Statement: This electronic mail transmission and/or attached document (s) may contain information from CareSource that is confidential. This information is intended only for the individual (s) named on this electronic mail. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this electronic mail is strictly prohibited. In this regard, if you have received this electronic mail transmission in error, please notify us so that we can arrange that the electronic mail transmission be directed to the correct recipient (s). Please destroy all copies that were sent to you in error. Thank you.



Hello,

CareSource appreciates your partnership with providing quality care to our members. Attached is a Clinical Practice Registry list of your CareSource members who have not received their preventive services, along with the measure definitions. This is also available on the Provider Portal. In addition, the definitions for the Proportion of Days Covered (PDC) measures noted in the report are: Red-The latest prescription fill days has elapsed or run out; Yellow-The latest prescription fill days will run out during the next 30 days; and Green- The latest prescription fill days contains more than 30 days of medication. If you have questions about this list, please reach out to us and we will be happy to assist you. As you are aware, early screening and prevention are important and available free of charge to all our members. If a member has concerns over safety, we also have ancillary providers who can provide many services in the comfort and safety of their own home.

CareSource also offers quality incentives to our providers and members. We recently mailed out information regarding the 2020 Quality Enhancer program, which provides incentive dollars to Providers for prioritizing high value services and closing quality gaps in care for our members. Please see below for a summary of the provider quality incentives for each line of business. If you did not receive the program flyers or have additional questions, please let me know and I'm happy to send them to you.

CareSource Medicare Advantage	CareSource Dual Advantage
Colorectal Screening	Colorectal Screening
Diabetes Retinal Exam	Diabetes Retinal Exam
Diabetic Kidney Disease Monitoring	Diabetic Kidney Disease Monitoring
Medication Reconciliation Within 30 Days Post-Acute Discharge	Medication Reconciliation Within 30 Days Post-Acute Discharge
Annual Wellness Visit	Annual Wellness Visit
	Care of Older Adults

- Incentive rewards are \$10 per measure, for a total of \$50 Medicare Advantage, \$60 Dual Advantage, and \$50 MyCare per member
- Reimbursement amounts are based on submitting claims containing qualifying CPT, HCPC, and CPT-II codes for each target quality measure
- Claims must be submitted by the due date listed in the brochures
- Paper check payments will be sent via Echo to the appropriate remit address within 90 days of the quarter's end
- Q1 and Q2 payments will be combined, and payment will be sent no later than Sept. 30, 2020 for claims submitted by July 31, 2020

We appreciate all you do for those we mutually serve.

Thank You,

JODI MESINA, BSN, RN
Medicare Provider Liaison



230 North Main Street, Dayton, OH 45402
937.224.3300 | CareSource.com

p: 937.238.9102 | f: 937.396.3649
Jodi.Mesina@CareSource.com

Clinical Practice Registry



Definitions

General Information

Our goal in providing this information is to make actionable preventive health service data available to providers for our CareSource members. The information provided is intended to encourage practices to contact members for preventive visits, flag charts for needed services or to simply create awareness of the members' need for an intervention. The report includes members effective with the Plan as of the report run date who are in need of services associated with one or more of the measures listed. The service dates listed represent the most recent service date from claims data that met the numerator criteria for the measure.

Alternate Phone - A secondary phone number for the member listed.

DOB - The date of birth for the member listed.

Enrollment Status - Classifies member into a category based on how many months member has been continuously enrolled with the Plan during the recent 12 month period. The count allows for one month break in coverage.

Continuous (C) - Member has been enrolled with the Plan for 11 or more months of the recent 12 month period.

Recent (R) - Member has been enrolled with the Plan for fewer than 11 months of the recent 12 month period.

LOB - The line of business for the member listed.

Member - An individual currently effective with the Plan.

Member ID - A unique number assigned to the member enrolled with the Plan.

Member Name - The name of the member who is enrolled with the Provider listed on the report.

Months Continuously Enrolled - This is the number of months the member has been continuously enrolled for the most recent two 12 month periods. The count allows for one month break in coverage during each twelve month period.

Patient Status - Classifies member into a category based on whether or not member has seen their PCP or another provider in the same provider group.

Established - Member has seen their PCP or another provider in the same provider group.

New - Member has not seen their PCP or another provider in the same provider group.

PCP - A provider who is determined to be a primary care practitioner for the Plan. These providers typically have a specialty of Family Practice, General Practice, Geriatrics, Internal Medicine, Pediatrics, Preventive Medicine, or OB/Gyn.

Phone - The primary phone number for the member listed.

Plan - The health insurance plan for the member listed.

Sex - Code for the member's gender (M - Male; F - Female; U - Unknown).

HEDIS End of Year - For each measure, code to identify if the member is expected to be reported in HEDIS at the end of the current year.

Measures

Adult Access - Identify members currently effective who are 19 years and 10 months or older and identify whether or not they had an ambulatory or preventive care visit during timeframe evaluated.

Green - Member had an ambulatory or preventive care visit during the most recent 8 months.

Yellow - Member had an ambulatory or preventive care visit but the visit occurred 9-15 months ago.

Red - Member has not had an ambulatory or preventive care visit or the ambulatory or preventive care visit occurred more than 15 months ago.

Asthma - Identify members currently effective between the ages of 5 and 85 who have been identified with persistent asthma and identify whether or not they have received an asthma controller medication (i.e. inhaled corticosteroids, leukotriene modifiers, methylxanthines, etc) during timeframe evaluated. Individuals with emphysema, obstructive chronic bronchitis, respiratory conditions due to fumes or vapors, COPD, cystic fibrosis or acute respiratory failure are excluded from this measure.

Green - Member had at least one prescription for an asthma controller medication during the most recent 60 days.

Yellow - Member had at least one prescription for an asthma controller medication but the most recent asthma controller prescription occurred 61-90 days ago.

Red - Member has not had any prescriptions for an asthma controller medication or the most recent asthma controller prescription occurred more than 91 days ago.

Definitions

Measures (Continued)

Beta Blocker – Identify members currently effective who are 17 years and 10 months or older that were discharged from an inpatient setting with an AMI diagnosis and identify whether or not they have received beta-blocker treatments. Individuals who have been identified as having an intolerance or allergy to beta-blocker therapy are excluded from this measure.

Green - Member has received beta-blocker treatment for 75% or more of the days since discharge date.

Red - Member has not received beta-blocker treatment for 75% of the days since discharge date.

Breast Cancer - Identify female members currently effective between the ages of 51 years, 10 months and 74 years and identify whether or not they had a mammogram to screen for breast cancer during timeframe evaluated. Women who had a bilateral mastectomy or two unilateral mastectomies are excluded from this measure.

Green - Member had a mammogram during the most recent 20 months.

Yellow - Member had a mammogram but the mammogram occurred 21-27 months ago.

Red - Member has not had a mammogram or the mammogram occurred more than 27 months ago.

Cervical Cancer - Identify female members currently effective between the ages of 23 years, 10 months and 64 years. For 23-64 year olds, identify whether or not they had a Pap test to screen for cervical cancer in recent 3 years. For 30-64 year olds who did not have a PAP test in recent 3 years, identify whether or not they had a Pap test and a HPV test in recent 5 years. Women who had a hysterectomy with no residual cervix are excluded from this measure.

Green - Member had a claim that met cervical cancer testing criteria during the most recent 32 months.

Yellow - Member had a claim that met cervical cancer testing criteria but the claim occurred 33-36 months ago.

Red - Member has not had a claim which meets cervical cancer testing criteria or the claim for cervical cancer testing criteria occurred more than 36 months ago.

Chlamydia Screening - Identify female members currently effective between the ages of 15 years, 10 months and 24 who have indicators they may be sexually active and identify whether or not they had a screening for chlamydia during timeframe evaluated. Women who had a pregnancy test during the timeframe followed within 7 days by either a prescription for isotretinoin or an x-ray are excluded from this measure.

Green - Member had a claim with a chlamydia screening code during the most recent 8 months.

Yellow - Member had a claim with a chlamydia screening code but the claim occurred 9-15 months ago.

Red - Member has not had a claim with a chlamydia screening code or the chlamydia screening code occurred more than 15 months ago.

Colorectal Cancer - Identify Ohio MyCare and all Medicare members currently effective between the ages of 50 years, 10 months and 75 years and identify whether or not they had a screening for colorectal cancer during timeframe evaluated. Individuals who had a total colectomy or a history of colorectal cancer are excluded from this measure.

Green - Member had a FOBT screening during the most recent 8 months or

Member had a flexible sigmoidoscopy screening during the most recent 54 months or

Member had a colonoscopy screening during the most recent 114 months (9.5 years) or

Member had a CT colonography during the most recent 54 months or

Member had a FIT-DNA test during the most recent 54 months.

Yellow - Member had a FOBT screening but the FOBT screening occurred 9-15 months ago or

Member had a flexible sigmoidoscopy screening but the flexible sigmoidoscopy screening occurred 55-60 months ago or

Member had a colonoscopy screening but the colonoscopy screening occurred 115-120 months ago (10 years) or

Member had a CT colonography but the CT colonography occurred 55-60 months ago or

Member had a FIT-DNA test but the FIT-DNA test occurred 55-60 months ago.

Red - Member has not had a FOBT screening or the FOBT screening occurred more than 15 months ago AND

Member has not had a flexible sigmoidoscopy screening or the flexible sigmoidoscopy screening occurred more than 60 months ago AND

Member has not had a colonoscopy screening or the colonoscopy screening occurred more than 120 months (10 years) AND

Member has not had a CT colonography or the CT colonography occurred more than 60 months ago AND

Member has not had a FIT-DNA test or the FIT-DNA test occurred more than 60 months ago.

Clinical Practice Registry



Definitions

Measures (Continued)

Diabetes - Identify members currently effective between the ages of 17 years, 10 months and 75 who have been identified with diabetes and identify whether or not they have received appropriate services during timeframe evaluated for the following:

Eye

Green - Member had an eye exam by an Optometrist or Ophthalmologist during the most recent 8 months.

Yellow - Member had an eye exam by an Optometrist or Ophthalmologist but the claim occurred 9-15 months ago.

Red - Member has not had an eye exam by an Optometrist or Ophthalmologist or the eye exam by an Optometrist or Ophthalmologist occurred more than 15 months ago.

A1C¹ - Hematology (formerly identified as HbA1c)

Green - Member had a claim with A1C test during the most recent 8 months.

Yellow - Member had a claim with A1C test but the claim occurred 9-15 months ago.

Red - Member has not had a claim with A1C test or the A1C test occurred more than 15 months ago.

Kidney

Green - Member had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy during the most recent 8 months.

Yellow - Member had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy but the claim occurred 9-15 months ago.

Red - Member has not had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy OR a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy claim occurred more than 15 months ago.

ER² - Identify members currently effective who had visits to an Emergency Room during a twelve month timeframe. ER visits resulting in an inpatient stay on the same day or next day are excluded.

Yellow - Member had 1 or 2 visits to an Emergency Room.

Red - Member had 3 or more visits to an Emergency Room.

Immunizations for Children - Identify members currently effective between the ages of 1 year and 2 years and identify whether or not they have received all recommended immunizations.

Green - Member had all recommended immunizations.

Yellow - Member had almost all recommended immunizations, but needs the last or only recommended immunization(s) for any or all of the recommended immunizations.

Red - Member needs more than one of any or all of the recommended immunizations.

Immunizations for Adolescents - Identify members currently effective between the ages of 12 years and 13 years and identify whether or not they have received all recommended immunizations.

Green - Member had all recommended immunizations.

Yellow - Member had almost all recommended immunizations, but needs the last or only recommended immunization(s) for any or all of the recommended immunizations.

Red - Member needs more than one of any or all of the recommended immunizations.

Lead³ - Identify members currently effective between the ages of 10 months and 24 months and identify whether they had lead toxicity screening test(s).

Green - Member had a lead toxicity screening test.

Red - Member has not had a lead toxicity screening test.

Pneumococcal Vaccines for Older Adults - Identify members currently effective older than 64 years, 10 months and identify whether or not they have received all recommended pneumococcal immunizations.

Green - Member had all recommended immunizations.

Yellow - Member needs the last one of the recommended immunizations.

Red - Member needs more than one of the recommended immunizations.

Clinical Practice Registry



Definitions

Measures (Continued)

Statin Therapy for Members with Cardiovascular Disease - Identify **members** currently effective between the ages of 39 years, 10 months and 75 for females or between the ages of 20 years, 10 months and 75 for males who have been identified with clinical atherosclerotic cardiovascular disease (ASCVD) AND do not have diabetes, and identify whether or not they have received a statin medication during timeframe evaluated for the following:

Green - **Member** had at least one prescription for a statin medication during the most recent 8 months.

Yellow - **Member** had at least one prescription for a statin medication but the most recent statin medication prescription occurred 9-15 months ago.

Red - **Member** has not had any prescriptions for a statin medication or the most recent statin medication prescription occurred more than 15 months ago.

Statin Therapy for Members with Diabetes - Identify **members** currently effective between the ages of 39 years, 10 months and 75 who have been identified with diabetes AND do not have clinical atherosclerotic cardiovascular disease (ASCVD), and identify whether or not they have received a statin medication during timeframe evaluated for the following:

Green - **Member** had at least one prescription for a statin medication during the most recent 8 months.

Yellow - **Member** had at least one prescription for a statin medication but the most recent statin medication prescription occurred 9-15 months ago.

Red - **Member** has not had any prescriptions for a statin medication or the most recent statin medication prescription occurred more than 15 months ago.

Well Baby DOS - The most recent service date for a well baby visit with a **PCP** for **members** currently effective who are ≤ 15 months old. This includes services incurred by a **PCP** (including Nurse Practitioner or Physician Assistant in a **PCP** office).

Well Baby Visits - The number of well child visits incurred with a **PCP** for **members** currently effective who are ≤ 15 months old. The count includes services incurred by a **PCP** (including Nurse Practitioner or Physician Assistant in a **PCP** office) for well child visits.

Well Care - Identify **members** currently effective between the ages of 1 year, 91 days and 21 years and identify whether or not they have received well care visits with a **PCP** during timeframe evaluated. This includes well child visits provided by a Nurse Practitioner or Physician Assistant in a **PCP** office.

Green - **Member** had a well care visit with a **PCP** during the most recent 8 months.

Yellow - **Member** had a well care visit with a **PCP** but the visit occurred 9-15 months ago.

Red - **Member** has not had a well care visit with a **PCP** or the visit with a **PCP** occurred more than 15 months ago.

¹AIC codes are 83036, 83037, 3044F, 3045F, 3046F.

²ER Visits - CPT code 99281-99285; or Revenue Code of 045x or 0981; or CPT code 10040-69979 with POS 23.

³Lead toxicity screening test code is 83655.

2020/07/08 22:19:07 8 / 8

Subscriber Number	Member Name	Member DOB	Product	Assigned PO	Assigned PO Number	Original Total Amount	Salary/ CO	Salary/ ON	Salaries	Health Benefit	Health Other	Health Premium	Health Other	SA	Health Premium	Health ACC	Health Market	Health Other	Health VOP	Health TH-AC	Health ACC	Health Premium TH
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